



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
MAINE FUEL BOARD
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

NOTIFICATION OF MASTER SUPERVISION / NON-SUPERVISION

Name of Master:	
License #: _____	Home Telephone: (____)____-____ Work Telephone: (____)____-____
Name and Address of Company:	

Name and Address of Apprentice/Journeyman:
License #:

I hereby certify that as of (date) _____, I ☐ am ☐ am not providing supervision to the above named individual.

(Master signature)

(Date)



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OFFICES LOCATED AT: 76 NORTHERN AVENUE,
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